

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>META-125406438</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>37723</i> |
| <i>Company Tracking Number:</i> | <i>I07-59</i> | | |
| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i> | <i>Individual Long-Term Care Insurance</i> | | |
| <i>Project Name/Number:</i> | <i>I07-59/I07-59</i> | | |

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care Insurance SERFF Tr Num: META-125406438 State: ArkansasLH

TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37723

Sub-TOI: LTC03I.001 Qualified Co Tr Num: I07-59 State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer

Author: Mary Rinaldi Disposition Date: 04/15/2008

Date Submitted: 12/28/2007 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: I07-59

Project Number: I07-59

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: I07-53

Overall Rate Impact:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: Filing No. I07-59

Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125406438 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37723
Company Tracking Number: I07-59
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: I07-59/I07-59

We enclose for filing an electronic copy of the Individual long-term care insurance advertising material listed below. The advertisement is intended for use with the following approved policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved January 13, 2005 and LTC2007 AR approved July 31, 2007.

The advertisement is similar to Form ADF#836.01(0907) submitted to your Department on October 1, 2007 and currently pending approval by your Department. Please refer to SERFF Tracking No. META-125308143.

Advertising Form Number Brief Description of Institutional Advertisement
ADF#836.01(Rev.1007) Multi-Life Discount Program Marketing Folder

- The only change to the Folder is the revision date.
- Please note the actual size of the folder is 9 x 12.
- The enclosed electronic PDF has been reduced to print out on one page.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com
MKTG/AD
Green Farms Road (203) 221-3859 [Phone]
Westport, CT 06880

Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
1MetLife Plaza Group Code: -99 Company Type: Life

SERFF Tracking Number: *META-125406438* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *37723*
Company Tracking Number: *I07-59*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long-Term Care Insurance*
Project Name/Number: *I07-59/I07-59*

Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

| | | | |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | META-125406438 | State: | Arkansas |
| Filing Company: | Metropolitan Life Insurance Company. | State Tracking Number: | 37723 |
| Company Tracking Number: | I07-59 | | |
| TOI: | LTC03I Individual Long Term Care | Sub-TOI: | LTC03I.001 Qualified |
| Product Name: | Individual Long-Term Care Insurance | | |
| Project Name/Number: | I07-59/I07-59 | | |

Filing Fees

| | |
|------------------|-------------------|
| Fee Required? | Yes |
| Fee Amount: | \$25.00 |
| Retaliatory? | No |
| Fee Explanation: | per advertisement |
| Per Company: | No |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 000876975 | \$25.00 | 12/12/2007 |

| | | | |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | META-125406438 | State: | Arkansas |
| Filing Company: | Metropolitan Life Insurance Company. | State Tracking Number: | 37723 |
| Company Tracking Number: | I07-59 | | |
| TOI: | LTC03I Individual Long Term Care | Sub-TOI: | LTC03I.001 Qualified |
| Product Name: | Individual Long-Term Care Insurance | | |
| Project Name/Number: | I07-59/I07-59 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|----------------|------------|----------------|
| Filed-Closed | Harris Shearer | 04/21/2008 | 04/21/2008 |

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>META-125406438</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>37723</i> |
| <i>Company Tracking Number:</i> | <i>I07-59</i> | | |
| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i> | <i>Individual Long-Term Care Insurance</i> | | |
| <i>Project Name/Number:</i> | <i>I07-59/I07-59</i> | | |

Disposition

Disposition Date: 04/15/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>META-125406438</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>37723</i> |
| <i>Company Tracking Number:</i> | <i>I07-59</i> | | |
| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i> | <i>Individual Long-Term Care Insurance</i> | | |
| <i>Project Name/Number:</i> | <i>I07-59/I07-59</i> | | |

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | NAIC Form | Filed-Closed | Yes |
| Supporting Document | cover letter | Filed-Closed | Yes |
| Form | Multi-Life Discount Program Marketing Folder | Filed-Closed | Yes |

| | | | |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | META-125406438 | State: | Arkansas |
| Filing Company: | Metropolitan Life Insurance Company. | State Tracking Number: | 37723 |
| Company Tracking Number: | I07-59 | | |
| TOI: | LTC03I Individual Long Term Care | Sub-TOI: | LTC03I.001 Qualified |
| Product Name: | Individual Long-Term Care Insurance | | |
| Project Name/Number: | I07-59/I07-59 | | |

Form Schedule

Lead Form Number: ADF#836.01(Rev.1007)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|----------------------|-------------|--|---------|---|-------------|---|
| Filed-Closed | ADF#836.01(Rev.1007) | Advertising | Multi-Life Discount Program Marketing Folder | Revised | Replaced Form #: ADF#836.01(0907) Previous Filing #: I07-53 | 0 | ADF#836.01Rev.1007MultiKitingFolder_employer_.pdf |

Long-Term Care Insurance

MetLife®



Long-Term Care Insurance FROM METLIFE®

independence
security
choices

Count on the long-term
care insurance experts
at MetLife.

MetLife®

Metropolitan Life Insurance Company
New York, NY 10166



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION

0705-4777 08249411/CS00001/2007
LTC-POLICY-FOLDER-9x12-V2
© 2007 METLIFE, INC. PEANUTS © United Feature Syndicate, Inc.

ADF#836.01(Rev. 1007)

Metropolitan Life Insurance Company, New York, NY 10166

• Not A Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By
Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By
Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service
Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

Planning FOR TODAY Solutions FOR TOMORROW.

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>META-125406438</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>37723</i> |
| <i>Company Tracking Number:</i> | <i>I07-59</i> | | |
| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i> | <i>Individual Long-Term Care Insurance</i> | | |
| <i>Project Name/Number:</i> | <i>I07-59/I07-59</i> | | |

Rate Information

Rate data does NOT apply to filing.

| | | | |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | META-125406438 | State: | Arkansas |
| Filing Company: | Metropolitan Life Insurance Company. | State Tracking Number: | 37723 |
| Company Tracking Number: | I07-59 | | |
| TOI: | LTC03I Individual Long Term Care | Sub-TOI: | LTC03I.001 Qualified |
| Product Name: | Individual Long-Term Care Insurance | | |
| Project Name/Number: | I07-59/I07-59 | | |

Supporting Document Schedules

| | | | |
|-------------------------|-----------|-----------------------|------------|
| Satisfied -Name: | NAIC Form | Review Status: | |
| Comments: | | Filed-Closed | 04/21/2008 |
| form enclosed | | | |
| Attachment: | | | |
| AR- NAIC.pdf | | | |

| | | | |
|-------------------------|--------------|-----------------------|------------|
| Satisfied -Name: | cover letter | Review Status: | |
| Comments: | | Filed-Closed | 04/21/2008 |
| cover letter enclosed. | | | |
| Attachment: | | | |
| AR_I_Filing Letter .pdf | | | |

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

| | | | | | | |
|-----------|----------------------------------|-----------------|--|--|--|--|
| 1. | Prepared for the State of | ARKANSAS | | | | |
|-----------|----------------------------------|-----------------|--|--|--|--|

| | | | | | | |
|-----------|----------------------------|--|--|--|--|--|
| 2. | Department Use Only | | | | | |
| | State Tracking ID | | | | | |
| | | | | | | |

| | | | | | | |
|-----------|--|-----------------|-----------------------------|---------------------|---------------|---------------|
| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # |
| | Metropolitan Life Insurance Company Long-Term Care Insurance 57 Greens Farms Road, Westport, CT 06880 | New York | A & H | 241 | 65978 | 13-5581829 |

| | | | | |
|-----------|---|--------------------|--------------|-----------------------|
| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
| | Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance 57 Greens Farms Road, Westport, CT 06880 | 203-221-3859 | 203-221-6554 | Mrinaldi@metlife.com |

| | | |
|-----------|------------------------------|--|
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ |
|-----------|------------------------------|--|

| | | |
|-----------|--------------------------------|---|
| 6. | Company Tracking Number | I07-59 Advertising Form: ADF#836.01(Rev.1007) |
|-----------|--------------------------------|---|

| | | |
|-----------|--|-----------------------|
| 7. | <input type="checkbox"/> New Submission <input checked="" type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|--|-----------------------|


| | | |
|-----------|---------------|---|
| 8. | Market | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div> |
|-----------|---------------|---|

| | | |
|-----------|--------------------------|--|
| 9. | Type of Insurance | Individual Long-Term Care Insurance |
|-----------|--------------------------|--|

| | | |
|------------|--|------------------------------------|
| 10. | Product Coding Matrix Filing Code | <u>LTC03L.001 Qualified</u> |
|------------|--|------------------------------------|

| | | |
|------------|----------------------------|---|
| 11. | Submitted Documents | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <div style="margin-top: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div> |
|------------|----------------------------|---|

| | | | |
|-----|--|---|-------------------------------------|
| 12. | Filing Submission Date | December 28, 2007 | |
| 13 | Filing Fee (If required) | Amount <u>\$25 .00</u> | Check Date <u>December 12, 2007</u> |
| | | Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check Number <u>000876975</u> |
| 14. | Date of Domiciliary Approval | NA, New York does not require LTCI advertising be filed. | |
| 15. | Filing Description: | Individual Long-Term Care Advertising Material(s) | |
| | Please refer to the submission cover letter. | | |

| | | |
|--|------------------------------------|---|
| 16. | Certification (If required) | |
| I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> | | |
| Print Name <u>Mary J. Rinaldi</u> | | Title <u>Consultant-Compliance Marketing/AD</u> |
| Signature <u></u> | | Date: <u>December 28, 2007</u> |

| | | |
|---|-------------------------------|---------------|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | | I07-59 |
| This filing corresponds to rate filing company tracking number | | NA |

| | Document Name | Form Number | | Replaced Form Number |
|----|------------------------------------|-----------------------------|---|-------------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Multi-Life Discount Program | ADF#836.01(rev 1007) | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____ | ADF#836.01(0907) |
| | Marketing Folder | | | |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |

LH FFA-1

| | | | | |
|---|-------------------------------|------------------------------|---|-------------------------------------|
| 18. | Rate Filing Attachment | | | |
| This filing transmittal is part of company tracking number | | | | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate impact for this filing | | | % | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |

LH RFA-1

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6554
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care Group

December 28, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. I07-59
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing an electronic copy of the Individual long-term care insurance advertising material listed below. The advertisement is intended for use with the following approved policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved January 13, 2005 and LTC2007 AR approved July 31, 2007.

The advertisement is similar to Form ADF#836.01(0907) submitted to your Department on October 1, 2007 and currently pending approval by your Department. Please refer to SERFF Tracking No. META-125308143.

| Advertising Form Number | Brief Description of Institutional Advertisement |
|--------------------------------|---|
|--------------------------------|---|

| | |
|------------------|--|
| ADF#836.01(1007) | Multi-Life Discount Program Marketing Folder |
|------------------|--|

- The only change to the Folder is the revision date.
- Please note the actual size of the folder is 9 x 12.
- The enclosed electronic PDF has been reduced to print out on one page.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD